

Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:
(fields marked with an asterisks are required)

1. Name of the Limited Liability Company: (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇒*

2. The future effective date is
(Complete if Applicable)

Business Email Address: _____

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇒

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇒ *Name

⇒ *Physical
Address

⇒ P.O. Box

*City

* State * Zip5 – Zip4

5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is

⇒

6. Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark Appropriate box)

⇒* Yes No

7. Other matters the managers or members elect to include: (Attach additional pages if necessary)

⇒

⇒

Certificate of Formation

8. Signatures: This certificate must be signed by at least one member, manager, or organizer. (If signed by “manager” box 6 on page one 1 should be marked “yes”.) The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

* Printed Name

* Title

* By: Signature

(please keep writing within blocks)

Street and
Mailing Address⇒ * Physical
Address

⇒ * P. O. Box

⇒ * City

State Zip5 – Zip4

Printed Name

Title

By: Signature

(please keep writing within blocks)

Street and
Mailing Address⇒ Physical
Address

⇒ P. O. Box

⇒ City

State Zip5 – Zip4